

Hearts N' Parks Y2K



**National Heart, Lung, and Blood Institute (NHLBI)
National Recreation and Park Association (NRPA)
NC State University - Recreation Resources
Southern Connecticut State University**

Outline for the Day

9:30–10:15 a.m.	Individual Agency/Program Updates Brief Update and Overview of Current and Proposed Programs Questions and answers from group Progress with self-reporting log Update on Active North Carolina
10:15–11:15 a.m.	Outcomes Measurement Framework Overview of Elements Develop Project Specific Outcomes, Indicators, etc. Review Sample Survey Instruments Questions/Clarifications/Concerns
11:15–11:30 a.m.	BREAK
11:30–12:30 p.m.	Moving to Measurement Data Collection Considerations Step-by-Step Administering Measures Questions/Clarifications/Concerns
12:30–1 p.m.	LUNCH
1–1:30 p.m.	Making the Most of the Media Efforts Overview of materials Scheduling of promotional efforts Questions/Clarifications/Concerns
1:30–2:30 p.m.	Making It Move Identify Any and All Questions/Concerns/Needs Complete Materials Request Form Complete Outcomes Checklist
2:30–2:45 p.m.	BREAK
2:45–3:30 p.m.	Personal Interaction Time Time for individuals to discuss modifications or needs specific to their project or program

Outcomes for Today's Session

Participants will.....

- gather additional ideas and strategies by listening to activities and techniques used by other departments
- complete the Program Outcomes Framework for their programs
- understand the various research and protocol elements involved with assessing outcomes
- receive answers to any of their questions or concerns
- make plans for implementing the media aspects of the project
- complete request forms for materials required for the measurement process

Hearts ‘n Parks–Outcomes Framework Senior Exercise/Physical Activity Programs

Program:
Project Site:
Project Contact Person:
Phone:
Fax:
Email:

Outcomes:

1. Increase knowledge related to heart healthy eating
2. Increase knowledge related to heart healthy behavior
3. Enhance overall health status and well-being
4. Change perception related to physical activity

Other Outcomes: (based on individual programs)

Indicators:

1. Number of participants able to identify food items and dietary practices related to cardiovascular health
2. Number of participants able to identify health conditions related to overall cardiovascular health
3. Change in participants' views about their overall general health
4. Change in participants' views about role of physical activity in their lives.

Other Indicators: (based on individual programs)

Data Sources:

- | | |
|---|------|
| 1. Importance of the Dietary Guidelines And Fat/Cholesterol Knowledge | A1 |
| 2. Food and Eating Habits | A2 |
| 3. Possible Causes of High Blood Pressure checklist | A3 |
| 4. Actions to Control High Blood Cholesterol | A4 |
| 5. The Short-Form-36 Health Survey | A5-7 |
| 6. Self Report From Participants (post test only) | A8-9 |

Other Sources of Data: (based upon individual programs)**SCHEDULING CONSIDERATIONS****Method for securing Comparison Group:**

Date(s) of Pre-Test:	_____	Short Form Health Survey
	_____	Impt of Dietary Guidelines
	_____	Cause of High Blood Pressure
	_____	Food and Eating Habits
	_____	Action for High Cholesterol

Date(s) of Post-Test:	_____	Impt of Dietary Guidelines
	_____	Cause of High Blood Pressure
	_____	Food and Eating Habits
	_____	Action for High Cholesterol
	_____	Short Form Health Survey
	_____	Self Report

Arrangement for measurement of other indicators:

**Hearts 'n Parks-Outcomes Framework
Youth Playground/Day Camp
Programs**

Program:
Project Site:
Project Contact Person:
Phone:
Fax:
Email:

Outcomes:

1. Increase knowledge related to heart healthy eating
2. Increase knowledge related to physical activity
3. Increase knowledge related to lifetime physical activity skills
4. Increase levels of leisure-time physical activity

Other Outcomes: (based upon individual programs)

Indicators:

1. Number of participants able to identify food items and dietary practices related to cardiovascular health
2. Number of participants who learned new physical activity skills or games
3. Number of participants who increased the time spent in leisure-time physical activity

Other Indicators: (based upon individual programs)

Data Sources:

- | | |
|---|-------|
| 1. Fit/Sit Checklist | Y1 |
| 2. Which Food Is Better for Your Health? (knowledge) | Y2-4 |
| 3. What Would You Do? (intention) | Y5-7 |
| 4. What Foods Do You Eat Most of the Time? (behavior) | Y8-10 |

Other Sources of Data: (based upon individual programs)**SCHEDULING CONSIDERATIONS****Method for Selecting Site: (if applicable)****Methods for Selecting Comparison Group: (if applicable)****Decisions Related to Number of Weeks of Participation:**

Date(s) of Pre-Test: _____ Fit/Sit Checklist-day 1
_____ Which Food Is Better for Your Health? (knowledge)-day 2
_____ What Would You Do? (intention)-day 3
_____ What Foods Do You Eat Most of the Time? (behavior)-day 4

Date(s) of Post-Test: _____ Which Food is Better for Your Health? (knowledge)-day 7
_____ What Would You Do? (intention)-day 8
_____ What Foods Do You Eat Most of the Time?(behavior)-day 9
_____ Fit/Sit Checklist-day 10

Arrangement for Measurement of Other Indicators:

Hearts 'n Parks-Outcomes Framework Adult Fitness Class

Program:
Project Site:
Project Contact Person:
Phone:
Fax:
Email:

Outcomes:

1. Increase knowledge related to heart healthy eating
2. Increase knowledge related to heart healthy behavior
3. Enhance overall health status and well-being
4. Change perception related to physical activity
5. Increase amount of time spent in physical activity
6. Increase the number of vegetables consumed as part of daily diet

Other Outcomes: (based on individual programs)

Indicators:

1. Number of participants able to identify food items and dietary practices related to cardiovascular health
2. Number of participants able to identify health conditions related to overall cardiovascular health
3. Number of participants increasing the amount of time spent in physical activity per week.
4. Number of participants increasing the number of vegetables that they consume daily.

Other Indicators: (based on individual programs)

Data Sources:

- | | |
|---|------|
| 1. Importance of the Dietary Guidelines And Fat/Cholesterol Knowledge | A1 |
| 2. Food and Eating Habits | A2 |
| 3. Possible Causes of High Blood Pressure Checklist | A3 |
| 4. Actions to Control High Blood Cholesterol | A4 |
| 5. The Short-Form-36 Health Survey | A5-7 |
| 6. Self Report From Participants (post test only) | A8-9 |

Other Sources of Data: (based upon individual programs)

SCHEDULING CONSIDERATIONS**Method for Securing Comparison Group:**

Date(s) of Pre-Test:

<input type="checkbox"/>	Short Form Health Survey
<input type="checkbox"/>	Impt of Dietary Guidelines
<input type="checkbox"/>	Cause of High Blood Pressure
<input type="checkbox"/>	Food and Eating Habits
<input type="checkbox"/>	Action for High Cholesterol

Date(s) of Post-Test:

<input type="checkbox"/>	Impt of Dietary Guidelines
<input type="checkbox"/>	Cause of High Blood Pressure
<input type="checkbox"/>	Food and Eating Habits
<input type="checkbox"/>	Action for High Cholesterol
<input type="checkbox"/>	Short Form Health Survey
<input type="checkbox"/>	Self Report

Arrangement for measurement of other indicators:

Hearts 'n Parks-Outcomes Framework Community Walk About Program

Program:
Project Site:
Project Contact Person:
Phone:
Fax:
Email:

Outcomes:

1. to increase the number of departments and agencies working together to improve cardiovascular health of the community
2. to provide opportunities for all members of a community to
3. have an opportunity for a leisure-time physical activity
4. to raise the level of awareness of the importance of heart healthy behaviors in the community
5. to provide an opportunity for health screenings in a community setting

Other Outcomes: (based upon individual program)

Indicators:

1. Number of different departments and agencies that either directly or indirectly supported or sponsored this effort.
2. Number of people who participated in each of the walks.
3. Number of people who received heart healthy materials and information
4. Number of people who were screened for various health conditions

Other Indicators: (based upon individual program)

Data Sources:

1. List of sponsors and organizers
2. Self Report of Participation
3. Data Distribution Count
4. Sign-In Sheet

Data Sources: (based upon individual program)**Scheduling/Responsibilities**

For each of the tally and reporting mechanism, indicate who will be responsible and how each will be conducted.

Moving to Outcome Measurement

Data Collection Considerations

Measuring “Change”

In order to measure or document changes in knowledge, skills, behaviors, attitudes, etc. it is necessary to measure those things BEFORE the program and AFTER the program. For example: Having children complete the Activity Checklist on the first day of camp and then again on the last day of camp. OR having exercise class participants complete the Food and Eating Habits survey during the first class and then again at the end of the 10 weeks.

Comparing Two Groups

Some of the senior physical activity programs involved in this project have been ongoing for some time. In this instance, rather than measuring change, we want to compare any differences between the participant group and a “like” group of participants who have not been involved with an organized physical activity program. It is VERY important that these two groups resemble one another as much as possible. For instance, ages, gender, living independently, physical mobility, etc.

Being Consistent

In order to help boost the rigor of our results, it is important that each site and program is as consistent as POSSIBLE regarding such things as: instructions to participants when completing surveys or checklists and the timing of using these measurement forms. For instance, if one day camp staff helped the children complete their food forms and the others didn't this could change the results OR if the two groups of senior citizens were not given their surveys on the same day, an article in the newspaper about high blood pressure could change the outcomes.

Day by Day – Week by Week

More on the consistency stuff! Create a schedule for both heart healthy activities and conducting the assessments. It's really important that we don't lump all the assessments on the same day or do them out of order.

Tracking Participants

You will be provided with coded numbering forms to keep track anonymously of participants. This makes sure that we are tracking and taking a look at individual changes.

Participant Involvement

We in no way want to infringe upon an individual's personal rights or choice so participants need to be informed that they are a part of a study and subsequent permission sought.

Using the Resources

The use of the resources from NHLBI are an integral part of this outcomes assessment. Please be sure that the program leaders involved in these programs HAVE the necessary materials And USE the information and program aids as part of the program or activity. Again, it's important that if there's more than one site, i.e. playgrounds, day camps, etc. that the same types of information and use of information is maintained.

Keeping An Arm's Length

When scheduling a day and time for having the participants complete the surveys, it's important that it is as close as possible to being a day or class similar to any other day or class. For instance, you don't want to schedule a survey for a day that you were having a special guest speaker on that topic or exciting content on physical activity, etc. If any of those things are just an ongoing part of your normal program, that's fine but we don't want to unduly influence responses.

In Search of Balance Creating A Schedule

Activities

Assessments

Illustration for Youth Programs

Week 1

Day 1: Getting Camp Started

Fit/Sit Checklist

Day 2: Selected Physical Activity

Which Food Is Better

Day 3:

What Would You Do

Day 4:

What Foods Do You Eat

Day 5:

Week 2

Day 1:

Day 2:

Which Food Is Better

Day 3:

What Would You Do

Day 4:

What Foods Do You Eat

Day 5:

Fit/Sit Checklist

Illustration for Seniors/Adults

Session 1

Short Form Health Survey

Session 2

Impt of Dietary Guidelines

Session 3

Cause of High Blood Pressure

Session 4

Food and Eating Habits

Session 5

Action for High Chloesterol

Sessions 6 - XX

Session __

Impt. of Dietary Guidelines

Session __

Cause of High Blood Pressure

Session __

Food and Eating Habits

Session __

Action for High Chloesterol

Last Session

Short Form Health Survey and
Self Report

**Sample Contents
within
Typical Research Packet**

Items/Information You Are Likely To Find:

- Sample Cover Sheet (accompanies completed surveys back to NRPA)
- Directions for Person Administering the Instruments
- Permission Letters/Forms
- Tracking Sheet for Participants
- Actual Instruments

Samples shown here are similar or portions of what you will receive.

Step-by-Step: Preparing the Adult/Senior

Packet & Process

This information is provided for you as a way to make sure you are ready and able to complete the survey instruments in such a way as to ensure their effectiveness.

Project Staff: BEFORE the Process Gets Fully Underway

Have you done the following?:

- _____ Oriented program staff to the purposes of this project and the role they play
- _____ Provided program staff with the information and/or materials to be used in this program
- _____ Created a schedule that incorporates use of materials and appropriate activities over the time period of the program
- _____ Set up the date and time to administer the pre- or post-test or instruments?

****It is strongly suggested that on **day one** after you've identified your two groups that you have each group of participants complete the permission letter, background information sheet, assign a tracking number, and complete the "Questions About Your Health" instrument. The other pre-test survey should be completed shortly after the program begins.**

The same process needs to be scheduled for the end of the program period to complete the post surveys. If possible, use the post-test for the "Questions About Your Health" as one of your last surveys.

- _____ Gathered the necessary materials, i.e. forms, permissions, pencils, etc.
- _____ Oriented the individuals who will be administering the instruments to the purpose of the project, their role, and necessary procedures
- _____ ****Arranged for either** a comparison group as is the case in many of the senior exercise programs and/or a method to randomly sample those participants (i.e. mall walking, adult exercise,) in those instances where a comparison group is not being used
- _____ ****Alerted participants** to the possibility they may be asked to be part of a study so it won't come as a complete surprise to them

Project Staff: Putting the Packets Together

You are being provided with a complete survey packet for each of the instruments you have requested. These packets include the cover sheet that needs to be returned with completed surveys as well as a direction sheet for the person administering the surveys.

You need to make only **1 copy** of each cover sheet and directions for each group. You will duplicate as many copies of each survey instrument as you have participants in the study. The survey instruments are included in this packet.

***Remember -** in order to assist with coding these surveys, all PRE tests should be duplicated on WHITE paper and all POST tests on colored paper (anything BUT white).

There is also a tracking number sheet that needs to be completed. Each participant as well as members of the comparison group should be assigned a number to ensure confidentiality. They will need to keep their number and place at top of each survey instrument they complete.

Completing this packet is a large envelope for each of your pre and post-tests to be placed into along with the cover sheet and returned to NRPA.

Thanks! And remember: Candace Goode and Sharon Tebbut at Recreation Resource Services at NC State University have graciously (and expertly) agreed to answer any questions you might have concerning selecting a random sample, using the instruments, etc. So give them a call at 919-515-7118 or fax your queries at 919-515-3687.

Adult/Senior Projects

Opening Day Directions

(for the person administering the assessment instruments)

It is recommended that on day one or two of your program that you have participants complete the following items:

1. Permission letter (remember, we don't want anyone to feel uncomfortable or that they are being forced to participate – please remind them how it will help them and others be healthier)
2. Background information and tracking numbers
 - ◆ To make sure that we know enough about the general background of participants while ensuring their privacy, please have them complete the background information form and assign each participant a tracking number
 - and
 - ◆ This tracking number will be used repeatedly on all other pre or post tests so it is important that you do this and create a way for people to remember or have access to their numbers.
3. Questions About Your Health Survey (we recommend that this is the **first instrument** you use at the beginning of your program and the **last post-test instrument** you use at the end)

The following is a list of directions and suggestions for completing these three tasks.

1. Please be sure you have allowed enough time before the end of a class or program for participants to complete the forms.
2. Be sure to complete the participant tracking form before the exercise begins. It is important that you keep this form for use with the post test part of this process.
3. Try to find a quiet and comfortable spot to conduct the assessment.
4. Be sure to have all your materials including surveys, pencils, and some kind of solid surface for people to use for completing the survey.
5. Get everyone's attention and explain the process. A sample script is provided for you. Do NOT pass out the materials until you have explained the process.
6. Sample Introduction/Directions: "We have been chosen to be a part of a study about being healthy. We would very much like each of you to be a part of this study. The study will include not only the activities in our program but your completion of some surveys over the course of the program. Your involvement in this program and completion of these surveys will help us learn more about how to keep people healthy."

- A. To get us started with this worthwhile project, I am going to ask that each of you read this letter. (Pass out Letter) Please sign the letter to indicate you are willing to help with this project. Collect the signed letters and continue.
 - B. Complete the tally sheet enclosed with this packet by writing the name of each participant on the form and assigning them a tracking number. They will use this number on all of the survey forms they complete. In this way confidentiality will be maintained.
 - C. Pass out the background information form. Ask them to first put their tracking number at the top of the form. Then ask them to complete the information to the best of their knowledge.
 - D. Now comes the Questions About Your Health survey. This survey is long. Based upon your knowledge of the group, you may want to have the participants complete this survey at the next session.
- 7. Collect all the materials at the end. Be sure to check to make sure people have filled in all sections and pages, etc. **Check that their number is there.**
 - 8. Take the completed surveys and attach the cover sheet to the front and place in large envelope included with these materials.

Please return to your supervisor or project coordinator.

Thanks!

[On NRPA Letterhead]

Thank you for joining us in the Hearts N' Parks Y2K project being conducted by the National Recreation and Park Association (NRPA) in cooperation with the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, North Carolina State University, and Southern Connecticut State University.

I, _____ (name) understand that I will be asked to answer some questions related to my knowledge, attitudes, and behaviors related to heart healthy habits of nutrition and physical activity. All of my answers will be confidential and used by the NRPA to gain some understanding as to whether providing heart healthy programs through parks and recreation programs impacts upon a person's heart healthy knowledge or behaviors.

I understand that if I feel uncomfortable answering the questions, I am free not to answer them. This will in no way affect my participation in any of the programs.

Signature

Date

Participant Tracking Sheet

Program:

Site:

Date of Assessment:

Site Supervisor:

Participant Group: _____

Comparison Group: _____
(if applicable)

Number	Name	Number	Name

**Sample
Participant Tracking Sheet**

Program:

Site:

Date of Assessment:

Site Supervisor:

Participant Group: 25

Comparison Group: _____
(if applicable)

Number	Name	Number	Name
001		023	
002		024	
003		025	
004			
005			
006			
007			
008			
009			
010			
011			
012			
013			
014			
015			
016			
017			
018			
019			
020			
021			
022			

Pre-tests

[On NRPA Letterhead]

PLEASE place this sheet on top of the completed surveys and place in return mailing envelope provided. Return to your project coordinator for mailing. THANKS!

Program Name: _____

Project Coordinator: _____

Agency Name: _____

The following information relates to specifics about the information collected in this packet:

Number(s) of People Completing Surveys:

_____ Participants

_____ Non-Participants

(comparison group, if being used)

Total Number of Surveys Given Out: _____

Total Number of Surveys Returned: _____

Administered as (check only one type of test as appropriate):

___ Pre Test

Date Administered: _____

Administered by: _____

___ Post Test

Date Administered: _____

Administered by: _____

___ Only Test

Date Administered: _____

(comparison group)

Administered by: _____

Site Specific Information: (as necessary)

Name of Site:

Name of Group:

Return in Envelope Provided to:

National Recreation and Park Association
Attn: Hearts N' Parks Y2K Project
22377 Belmont Ridge Road
Ashburn, Virginia 21048

Pre-Test Questions About Your Health

Thanks for agreeing to help with this important project for improving people's health.

1. In general, would you say your health is (check one):

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. For how long (if at all) has your health limited you in each of the following activities?

Check the appropriate box

Activities	Limited for more than 3 months	Limited for 3 months or less	Not limited at all
a. The kinds or amounts of vigorous activities you can do, like lifting heavy objects, running, or participating in strenuous sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The kinds or amounts of moderate activities you can do, like moving a table, carrying groceries, or bowling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Walking uphill or climbing a few flights of stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bending, lifting, or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Walking one block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eating, dressing, bathing, or using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How much bodily pain have you had during the past 4 weeks? (check one)

☐ None ☐ Very Mild ☐ Mild ☐ Moderate ☐ Severe ☐ Very Severe

4. Does your health keep you from working at a job, doing work around the house, or going to school? (check one)

- ☐ Yes, for more than 3 months
☐ Yes, for 3 months or less
☐ No

5. Have you been unable to do certain kinds of work, housework, or schoolwork because of your health?

- ☐ Yes, for more than 3 months
☐ Yes, for 3 months or less
☐ No

For each of the following questions, please check the box for the one answer that comes the closest to the way you have been feeling during the past month (check one box on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
6. How much of the time, during the past month, has your health limited your social activities (like visiting with friends or close relatives)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How much of the time, during the past month, have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. During the past month, how much of the time, have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How much of the time, in the past month, have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. During the past month,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

how much of the time
have you been a happy
person?

11. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up?
- ☐ ☐ ☐ ☐ ☐ ☐

12. Please check the box that describes whether each of the following statements is true or false for you (check one box on each line)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I am somewhat ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have been feeling bad lately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[On NRPA Letterhead]

PLEASE place this sheet on top of the completed surveys and place in return mailing envelope provided. Return to your project coordinator for mailing. THANKS!

Program Name: _____

Project Coordinator: _____

Agency Name: _____

The following information relates to specifics about the information collected in this packet:

Number(s) of People Completing Surveys:

_____ Participants

_____ Non-Participants

(comparison group, if being used)

Total Number of Surveys Given Out: _____

Total Number of Surveys Returned: _____

Administered as (check only one type of test as appropriate):

___ Pre Test

Date Administered: _____

Administered by: _____

___ Post Test

Date Administered: _____

Administered by: _____

___ Only Test

Date Administered: _____

(comparison group)

Administered by: _____

Site Specific Information: (as necessary)

Name of Site:

Name of Group:

Return in Envelope Provided to:

National Recreation and Park Association
Attn: Hearts N' Parks Y2K Project
22377 Belmont Ridge Road
Ashburn, Virginia 21048

Number: _____

Important Background Information

Thanks for agreeing to help with this important project for improving people's health.

Could you please tell us a little bit about yourself. This information will remain confidential and the information you give us will only be used to help us learn more about how people get and stay healthy.

The number you will be given as part of this project protects that confidentiality.

Please check appropriate box.

What is your Sex?:

☐ Male ☐ Female

What is your age?:

under 25 years ☐
26 to 35 ☐
36 to 50 ☐
51 to 60 ☐
61 to 70 ☐
70 to 75 ☐
76 and over ☐

What is your Race/Ethnicity?:

White ☐
Black or African American ☐
Asian or Pacific Islander ☐
American Indian or Alaskan Native ☐
Hispanic or Spanish origin ☐

What was the last grade or year of school that you have completed?:

0-11 years ☐
12 years/high school graduate ☐
1-3 years of college ☐
4 years of college/college graduate ☐
Postgraduate/MS/PhD/JD/MD/DDS ☐

What was last year's income for your household?:

Less than \$10,000 ☐
\$10,000 and \$20,000 ☐
\$20,000 and \$50,000 ☐
More than \$50,000 ☐

Directions

For the Health and Nutrition Instruments
(for the person administering the assessment instruments)

1. Please be sure you have allowed enough time before the end of a class or program for participants to complete the forms.
2. Be sure to complete the participant tracking form before the exercise begins. It is important that you keep this form for use with the post test part of this process.
3. Try to find a quiet and comfortable spot to conduct the assessment.
4. Be sure to have all your materials including surveys, pencils, and some kind of solid surface for people to use for completing the survey.
5. Get everyone's attention and explain the process. A sample script is provided for you. Do NOT pass out the materials until you have explained the process.
6. Sample Introduction/Directions: "We have been chosen to be a part of a study about being healthy. As part of this study, we are going to ask that each of you answer some specific questions about your eating practices and what may affect high blood cholesterol and high blood pressure. **Please check the choice that you think best answers the question.**
7. Pass out the materials and check for questions before people get started. **Remind them to write in their number.**
8. Wander around the area to see if anyone needs help or has questions.
9. Collect all the materials at the end. Be sure to check to make sure people have filled in all sections and pages, etc. **Check that their number is there.**
10. Take the completed surveys and attach the cover sheet to the front and place in large envelope included with these materials.

Please return to your supervisor or project coordinator.

Thanks!

[On NRPA Letterhead]

PLEASE place this sheet on top of the completed surveys and place in return mailing envelope provided. Return to your project coordinator for mailing. THANKS!

Program Name: _____

Project Coordinator: _____

Agency Name: _____

The following information relates to specifics about the information collected in this packet:

Number(s) of People Completing Surveys:

_____ Participants _____ Non-Participants
(comparison group, if being used)

Total Number of Surveys Given Out: _____

Total Number of Surveys Returned: _____

Administered as (check only one type of test as appropriate):

___ Pre Test	Date Administered: _____
	Administered by: _____
___ Post Test	Date Administered: _____
	Administered by: _____
___ Only Test	Date Administered: _____
(comparison group)	Administered by: _____

Site Specific Information: (as necessary)

Name of Site:

Name of Group:

Return in Envelope Provided to:

National Recreation and Park Association
Attn: Hearts N' Parks Y2K Project
22377 Belmont Ridge Road
Ashburn, Virginia 21048

Pre-test

Number: _____

Health and Nutrition Survey

1. Importance of Dietary Guidelines and Fat/Cholesterol Knowledge

Thanks for agreeing to help with this important project for improving people's health. Listed below are a number of eating practices. For each of them could you please tell us how important the statement is to you personally. We don't need to know about your actual eating habit but rather how important each statement is to you. Please check the appropriate box.

	Very	Some What	Not Too	Not at all
a. Use salt or sodium only in moderation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Choose a diet low in saturated fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Choose a diet with plenty of fruits and vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Choose a diet with adequate fiber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat a variety of foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Choose a diet low in cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Choose a diet with plenty of breads, cereals, rice, and pasta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat at least two servings of dairy products daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Food and Eating Habits

Listed below are a few statements about eating and food habits. For each of these statements, please check the box that most closely tells you whether you Usually, Sometimes, Seldom, or Never practice the following habits:

	Usually	Sometimes	Seldom/ Never	N/A
a. When you eat meat, how often do you cut the fat off meat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When you eat chicken, do you eat both the chicken and skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When you eat potatoes, how often do you eat them fried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When you eat fish, how often is it breaded and deep fried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often do you use margarine instead of butter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often do you use lower fat milk or skim milk instead of whole milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often do you eat frozen yogurt, sherbet or other low-fat frozen desserts instead of ice cream?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Use low-fat salad dressing instead of regular salad dressing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Use an egg substitute or egg whites instead of whole eggs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Eat fish or poultry instead of meat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Actions to Control High Blood Cholesterol

Listed below are some actions that people might take to control high blood cholesterol. For each of these actions, please tell us if you feel it is an action that Would Help, Might Help, or Would Not Help control high blood cholesterol.

	Would Help	Might Help	Would Not Help	Not Sure
a. Getting regular exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Taking more vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating less cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eating less salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eating less fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eating less sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Eating fewer calories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Using skim milk or low-fat dairy products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Eating less cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Eating fewer eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Eating more fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Eating less sausage, bacon, and luncheon meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Eating less saturated fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Losing weight if you are overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Using margarine instead of butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Possible Causes of High Blood Pressure Checklist

Listed below are some things that other people have said are possible causes of high blood pressure. For each of those listed, could you please tell us whether you think it is a Definite Cause, Possible Cause, Not A Cause, or Not Sure/No Answer.

	Definite Cause	Possible Cause	Not a Cause	Not Sure/No Answer
a. Being overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Heredity – it runs in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating too much salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Race or ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worrying, tension, strain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eating fatty foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drinking coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Drinking too much alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Regular hard exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Oral birth control pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Too much blood in system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Being underweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Being pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Low income, low education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Not getting enough exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Old age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post-test

Directions

For the Health and Nutrition Instruments
(for the person administering the assessment instruments)

1. Please be sure you have allowed enough time before the end of a class or program for participants to complete the forms.
2. Be sure to complete the participant tracking form before the exercise begins. It is important that you keep this form for use with the post test part of this process.
3. Try to find a quiet and comfortable spot to conduct the assessment.
4. Be sure to have all your materials including surveys, pencils, and some kind of solid surface for people to use for completing the survey.
5. Get everyone's attention and explain the process. A sample script is provided for you. Do NOT pass out the materials until you have explained the process.
6. Sample Introduction/Directions: "We have been chosen to be a part of a study about being healthy. As part of this study, we are going to ask that each of you answer some specific questions about your eating practices and what may affect high blood cholesterol and high blood pressure. **Please check the choice that you think best answers the question.**
7. Pass out the materials and check for questions before people get started. **Remind them to write in their number.**
8. Wander around the area to see if anyone needs help or has questions.
9. Collect all the materials at the end. Be sure to check to make sure people have filled in all sections and pages, etc. **Check that their number is there.**
10. Take the completed surveys and attach the cover sheet to the front and place in large envelope included with these materials.

Please return to your supervisor or project coordinator.

Thanks!

[On NRPA Letterhead]

PLEASE place this sheet on top of the completed surveys and place in return mailing envelope provided. Return to your project coordinator for mailing. THANKS!

Program Name: _____

Project Coordinator: _____

Agency Name: _____

The following information relates to specifics about the information collected in this packet:

Number(s) of People Completing Surveys:

_____ Participants _____ Non-Participants
(comparison group, if being used)

Total Number of Surveys Given Out: _____

Total Number of Surveys Returned: _____

Administered as (check only one type of test as appropriate):

___ Pre Test	Date Administered: _____
	Administered by: _____
___ Post Test	Date Administered: _____
	Administered by: _____
___ Only Test	Date Administered: _____
(comparison group)	Administered by: _____

Site Specific Information: (as necessary)

Name of Site:

Name of Group:

Return in Envelope Provided to:

National Recreation and Park Association
Attn: Hearts N' Parks Y2K Project
22377 Belmont Ridge Road
Ashburn, Virginia 21048

Post-test

Number: _____

Health and Nutrition Survey

1. Importance of Dietary Guidelines and Fat/Cholesterol Knowledge

Thanks for agreeing to help with this important project for improving people's health. Listed below are a number of eating practices. For each of them could you please tell us how important the statement is to you personally. We don't need to know about your actual eating habit but rather how important each statement is to you. Please check the appropriate box.

	Very	Some What	Not Too	Not at all
a. Use salt or sodium only in moderation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Choose a diet low in saturated fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Choose a diet with plenty of fruits and vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Choose a diet with adequate fiber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat a variety of foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Choose a diet low in cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Choose a diet with plenty of breads, cereals, rice, and pasta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat at least two servings of dairy products daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Food and Eating Habits

Listed below are a few statements about eating and food habits. For each of these statements, please check the box that most closely tells you whether you Usually, Sometimes, Seldom, or Never practice the following habits:

	Usually	Some- times	Seldom/ Never	N/A
a. When you eat meat, how often do you cut the fat off meat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When you eat chicken, do you eat both the chicken and skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When you eat potatoes, how often do you eat them fried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When you eat fish, how often is it breaded and deep fried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often do you use margarine instead of butter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often do you use lower fat milk or skim milk instead of whole milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often do you eat frozen yogurt, sherbet or other low-fat frozen desserts instead of ice cream?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Use low-fat salad dressing instead of regular salad dressing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Use an egg substitute or egg whites instead of whole eggs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Eat fish or poultry instead of meat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Actions to Control High Blood Cholesterol

Listed below are some actions that people might take to control high blood cholesterol. For each of these actions, please tell us if you feel it is an action that Would Help, Might Help, or Would Not Help control high blood cholesterol.

	Would Help	Might Help	Would Not Help	Not Sure
a. Getting regular exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Taking more vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating less cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eating less salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eating less fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eating less sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Eating fewer calories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Using skim milk or low-fat dairy products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Eating less cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Eating fewer eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Eating more fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Eating less sausage, bacon, and luncheon meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Eating less saturated fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Losing weight if you are overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Using margarine instead of butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Possible Causes of High Blood Pressure Checklist

Listed below are some things that other people have said are possible causes of high blood pressure. For each of those listed, could you please tell us whether you think it is a Definite Cause, Possible Cause, Not A Cause, or Not Sure/No Answer.

	Definite Cause	Possible Cause	Not a Cause	Not Sure/No Answer
a. Being overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Heredity – it runs in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating too much salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Race or ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worrying, tension, strain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eating fatty foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drinking coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Drinking too much alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Regular hard exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Oral birth control pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Too much blood in system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Being underweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Being pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Low income, low education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Not getting enough exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Old age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step-by-Step: Getting the Youth Project Underway

This information is provided for you as a way to make sure you are ready and able to complete the survey instruments in such a way as to ensure their effectiveness.

Project Staff: BEFORE the Process Gets Fully Underway

Have you done the following?:

- _____ Oriented program staff to the purposes of this project and the role they play
- _____ Provided program staff with the information and/or materials to be used in this program
- _____ Created a schedule that incorporates use of materials and appropriate activities over the time period of the program
- _____ Sent out the informed consent letter to parents
- _____ Set up the date and time to administer the pre or post test or instruments?

****Physical Activity Measures** - Since it was determined that the Fit/Sit checklist was ONLY appropriate for youth who were coming directly from the school year NOT all sites will be using it as a pre-test. You need to make that decision based on your situation. A Catch-oriented checklist called "Things I Learned and Did This Summer" will be used as a post-test only by all sites as a means of assessing what children learned or how they improved their skill level, or changed their outlook towards certain activities on the basis of their time with you.

****It is suggested** that if you are running a two week program that you conduct the pre-tests on food on days one, two, three, or four of your program so that the post-test versions of those instruments can be used (in the same order) on days 7, 8, and 9 of camp.

Camps operating for a six or eight week season can schedule the heart healthy eating surveys during weeks one and two followed by post tests over the last two weeks. Those with one week programs are using only one instrument for pre and post tests.

- _____ Gathered the necessary materials, i.e. forms, permissions, pencils, etc.
- _____ Oriented the individuals who will be administering the instruments to the purpose of the project, their role, and necessary procedures

Project Staff: Putting the Packets Together

You are being provided with a complete survey packet for each of the instruments you have requested. These packets include the cover sheet that needs to be returned with completed surveys as well as a direction sheet for the person administering the surveys.

You need to make only **1 copy** of each cover sheet and directions for each group. You will duplicate as many copies of each survey instrument as you have participants in the study. The survey instruments are included in this packet.

***Remember** - in order to assist with coding these surveys, all PRE tests should be duplicated on WHITE paper and all POST tests on colored paper (anything BUT white).

There is also a tracking number sheet that needs to be completed. Each should be assigned a number to ensure confidentiality. They will need to keep their number and place at top of each survey instrument they complete. Remember, some of the sites with very large numbers of participants are NOT using tracking numbers.

Completing this packet is a large envelope for each of your pre and post-tests to be placed into along with the cover sheet and returned to NRPA.

Thanks! And remember: Candace Goode and Sharon Tebbut at Recreation Resources at NC State have graciously (and expertly) agreed to answer any questions you might have concerning selecting a random sample, using the instruments, etc. So give them a call at 919-515-7118 or fax your queries at 919-515-3687.

Informed Consent Letter for Youth Programs

There are two versions of the informed consent letter for youth programs. One can be photocopied onto NRPA letterhead or your own letterhead and used as is. The other form can be customized with your contact information and then copied onto letterhead.

Please instruct parents to return the signed consent letters to you as soon as possible. Once you have collected the letters, please send them back to the NRPA along with the pre-tests in the self-addressed envelope provided.

Thank you!

Did you know that...

...The prevalence of overweight and the trends in overweight for children and adolescents in the U.S. population is on the rise and is the highest it has ever been.

...Recent data show a decline in vigorous amounts of physical activity in the nation's youth.

Participation in leisure-time physical activity and changes in heart healthy eating all have the potential for improving the health and well-being of our children. To better meet this potential, your parks and recreation department has joined with the National Recreation and Park Association (NRPA) in cooperation with the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, North Carolina State University, and Southern Connecticut State University to explore these possibilities.

As part of this process, your child will be asked to complete short surveys from the NRPA with questions about healthy eating and new physical activities they have learned during their recreation program with us. We welcome your cooperation with this project. If you have any questions or would like to learn more about this project, please feel free to contact us at the Park and Recreation Department.

Thanks so much and we look forward to providing your child with a safe, healthy, and fun summer experience.

Sincerely,

Did you know that...

...The prevalence of overweight and the trends in overweight for children and adolescents in the U.S. population is on the rise and is the highest it has ever been

...Recent data show a decline in vigorous amounts of physical activity in the nation's youth

Participation in leisure-time physical activity and changes in heart healthy eating all have the potential for improving the health and well-being of our children. To better meet this potential, the _____ (fill in name of department) has joined with the National Recreation and Park Association (NRPA) in cooperation with the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, North Carolina State University, and Southern Connecticut State University to explore these possibilities.

As part of this process, your child will be asked to complete short surveys from the NRPA with questions about healthy eating and new physical activities they have learned during their recreation program with us. We welcome your cooperation with this project. If you have any questions or would like to learn more about this project, please feel free to contact us at the Park and Recreation Department. If you have any questions or would like to learn more about this project, please feel free to contact _____ (insert name of project coordinator) at _____ (phone number).

Thanks so much and we look forward to providing your child with a safe, healthy, and fun summer experience.

Sincerely,

(Name)
(Title)
(Office)

Participant Tracking Sheet

Program:

Site:

Date of Assessment:

Site Supervisor:

Participant Group: _____

Comparison Group: _____
(if applicable)

Number	Name	Number	Name

**Sample
Participant Tracking Sheet**

Program:

Site:

Date of Assessment:

Site Supervisor:

Participant Group: 25 **Comparison Group:**
(if applicable)

Number	Name	Number	Name
001		023	
002		024	
003		025	
004			
005			
006			
007			
008			
009			
010			
011			
012			
013			
014			
015			
016			
017			
018			
019			
020			
021			

PRE-TEST

Pre-test

PRE-TEST

Directions: FitCheck (Pre-test)

(for the person administering the assessment instruments)

If you are using this instrument, it needs to be completed at the very beginning of the summer before children have been involved in other recreation, non-school pursuits.

1. Please be sure you have allowed enough time before the end of a class or program for participants to complete the forms.
2. Be sure to complete the participant tracking form before the exercise begins. It is important that you keep this form for use with the post test part of this process.
3. Try to find a quiet and comfortable spot to conduct the assessment.
4. Be sure to have all your materials including surveys, pencils, and some kind of solid surface for people to use for completing the survey.
5. Get everyone's attention and explain the process. A sample script is provided for you. Do NOT pass out the materials until you have explained the process.
6. Sample Introduction/Directions: "We have been chosen to be a part of a study about being healthy. As part of this study, we are going to ask that each of you recall what you have been doing and how you've been spending your time in the past week. There are 2 different sections here.

On the left is a list of physically active types of things you may or may not have been doing. For those that you did participate in over the past seven days, please give yourself **1** point for each **15** minute time period. For instance, if you played basketball for 45 minutes last Wednesday, then you would give yourself 3 points and put it in the column next to basketball.

On the right hand side of the sheet is a list of activities that involve more sitting. For each of those activities, try to remember how much time you spent with each of them. In this case, you don't have to worry about points but just half hours or hours.

When you've completed all the categories, add up your score on the left hand side and place it in the box that says "Total Fit Score" Add up your time totals for television, video and computer games, and tapes and movies and place them in the boxes at the lower right of the page. Then add those three together and place in box that says "Total Sit Score".

7. Pass out the materials and check for questions before people get started. **Remind them to write in their number.**
8. Wander around the area to see if anyone needs help or has questions.
9. Collect all the materials at the end. Be sure to check to make sure people have filled in all sections and pages, etc. **Check that their number is there.**
10. Take the completed surveys and attach the cover sheet to the front and place in large envelope included with these materials.

Please return to your supervisor or project coordinator.

Thanks!

PRE-TEST
[on NRPA letterhead]

PLEASE place this sheet on top of the completed surveys and place in return mailing envelope provided. Return to your project coordinator for mailing. THANKS!

Program Name: _____

Project Coordinator: _____

Agency Name: _____

The following information relates to specifics about the information collected in this packet:

Number(s) of People Completing Surveys:

_____ Participants _____ Non-Participants
(comparison group, if being used)

Total Number of Surveys Given Out: _____

Total Number of Surveys Returned: _____

Administered as (check only one type of test as appropriate):

___ Pre Test	Date Administered: _____
	Administered by: _____
___ Post Test	Date Administered: _____
	Administered by: _____
___ Only Test	Date Administered: _____
(comparison group)	Administered by: _____

Site Specific Information: (as necessary)

Name of Site:

Name of Group:

Return in Envelope Provided to:

National Recreation and Park Association
Attn: Hearts N' Parks Y2K Project
22377 Belmont Ridge Road
Ashburn, Virginia 21048

PRE-TEST



FitCheck



1. Fit Score

In the past **7 days**, how much time did you spend on each of the following activities? Give yourself **one point** for every **15 minutes** you that you did an activity.

Activity	Fit Points
Badminton	
Baseball/Softball	
Basketball	
Biking	
Bowling	
Cheerleading	
Dancing/Aerobics	
Fast Walking/Hiking	
Field Hockey	
Football	
Gymnastics	
Handball	
Heavy Chores:	
Washing Car	
Cleaning Garage	
Cleaning House/Room	
Cleaning Windows	
Jumping Rope	
Karate/Judo	
Kickball	
Push-Ups/Sit-Ups	
Rollerskating/Blading	
Running/Jogging	
Skateboarding	
Skiing	
Soccer	
Street/Ice Hockey	
Swimming	
Table Tennis	
Tag/Other Active Play	
Tennis	
Volleyball	
Walking to School	
Other Walking	
Weightlifting	
TOTAL FIT SCORE:	

Sit Score

In the past **7 days**, how much time did you spend watching TV shows, playing video and computer games or the Internet, and watching videotapes and movies on TV or in a theater?

In each space, write the number of hours you did each activity, rounding to the nearest half-hour. Add your totals at the bottom.

Day of the Week	Television Show	Video Game or Computer	Tapes and Movies (TV or theater)
-----------------	-----------------	------------------------	----------------------------------

Example:

Tuesday 2 hours 1 hour 2 hours

Your Answers:

Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Totals:			

Now Add
Your
Totals:

TV Shows: _____
Video/Computer: _____
Tapes/Movies: _____

TOTAL SIT SCORE: _____

PRE-TEST

Information About You – please check the box that applies to you.

I am:

☐ Male

☐ Female

Age:

5 or under ☐

6 to 7 ☐

8 to 9 ☐

10 to 11 ☐

12 and over ☐

PRE-TEST

Directions for Which Food is Better for Your Health? (for the person administering the assessment instruments)

This instrument should be completed as both a Pre- and Post-Test. The pre-test would happen at the **beginning** of the program segment and the post **at the end** of the child's participation in the program or program segment, i.e. end of 2 week camp program, etc.

1. Please be sure you have allowed enough time before the end of a class or program for participants to complete the forms.
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3. Try to find a quiet and comfortable spot to conduct the assessment.
4. Be sure to have all your materials including surveys, pencils, and some kind of solid surface for people to use for completing the survey.
5. Get everyone's attention and explain the process. A sample script is provided for you. Do NOT pass out the materials until you have explained the process.
6. Sample Introduction/Directions: "We have been chosen to be a part of a study about being healthy. As part of this study, we are going to ask that each of you to look at the pictures of food on this form I'm going to give you and to pick between the two foods pictures based upon which one you think is better for you. **Please circle that food that you think is the healthier of the two.**"
7. Pass out the materials and check for questions before people get started.
8. Wander around the area to see if anyone needs help or has questions.
9. Ask them to check the appropriate boxes at the end of the survey as well.
10. Collect all the materials at the end. Be sure to check to make sure people have filled in all sections and pages, etc.
11. Take the completed surveys and attach the cover sheet to the front and place in large envelope included with these materials.

Please return to your supervisor or project coordinator.

Thanks!

PRE-TEST

[on NRPA letterhead]

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_____ Non-Participants

(comparison group, if being used)

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Administered as (check only one type of test as appropriate):

___ Pre Test

Date Administered: _____

Administered by: _____

___ Post Test

Date Administered: _____

Administered by: _____

___ Only Test

Date Administered: _____

(comparison group)

Administered by: _____

Site Specific Information: (as necessary)

Name of Site:

Name of Group:

Return in Envelope Provided to:

National Recreation and Park Association
Attn: Hearts N' Parks Y2K Project
22377 Belmont Ridge Road
Ashburn, Virginia 21048

PRE-TEST

Insert pages here for the food picture survey:

Pre-test

Which Food is Better for Your Health?

(Print survey pages from the PDF file on this website)

PRE-TEST

Directions for What Would You Do?

(for the person administering the assessment instruments)

This instrument should be completed as both a Pre- and Post-Test. The pre-test would happen at the **beginning** of the program segment and the post **at the end** of the child's participation in the program or program segment, i.e. end of 2 week camp program, etc.

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Ashburn, Virginia 21048

PRE-TEST

Insert pages here for the food picture survey:

Pre-test

What Would You Do?

(Print survey pages from the PDF file on this website)

PRE-TEST

Directions for What Foods Do You Eat Most of the Time? (for the person administering the assessment instruments)

This instrument should be completed as both a Pre- and Post-Test. The pre-test would happen at the **beginning** of the program segment and the post **at the end** of the child's participation in the program or program segment, i.e. end of 2 week camp program, etc.

1. Please be sure you have allowed enough time before the end of a class or program for participants to complete the forms.
2. Be sure to complete the participant tracking form before the exercise begins. It is important that you keep this form for use with the post test part of this process.
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7. Pass out the materials and check for questions before people get started.
8. Wander around the area to see if anyone needs help or has questions.
9. Ask them to check the appropriate boxes at the end of the survey as well.
10. Collect all the materials at the end. Be sure to check to make sure people have filled in all sections and pages, etc.
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Ashburn, Virginia 21048

PRE-TEST

Insert pages here for the food picture survey:

Pre-test

What Foods Do You Eat Most of the Time?

(Print survey pages from the PDF file on this website)

Post-test

POST-TEST

Directions: Things I Learned and Did this Summer (Post-test)

(for the person administering the assessment instruments)

This instrument should be completed at the end of the child's participation in the program or program segment, i.e. end of 2 week camp program, etc.

1. Please be sure you have allowed enough time before the end of a class or program for participants to complete the forms.
2. Be sure to complete the participant tracking form before the exercise begins. It is important that you keep this form for use with the post test part of this process.
3. Try to find a quiet and comfortable spot to conduct the assessment.
4. Be sure to have all your materials including surveys, pencils, and some kind of solid surface for people to use for completing the survey.
5. Get everyone's attention and explain the process. A sample script is provided for you. Do NOT pass out the materials until you have explained the process.
6. Sample Introduction/Directions: "We have been chosen to be a part of a study about being healthy. As part of this study, we are going to ask that each of you to tell us a little bit about what you have been doing and learning while with us this summer.

Look over the types of activities pictured on this sheet of paper. For each of those areas that you learned new things, put a check mark in the first column labeled "Something new I learned". For each of those activities pictured that you participated in and got better at, put a check in that center column labeled "Things I got better at", and for those things you would like to play again on your own after this program is over, put a check in the column on the left that is labeled " Would like to play again".

When we finish putting our checks in the columns for the activities pictured, we'll make a list together of other things we've done that haven't been mentioned on this form.

7. Pass out the materials and check for questions before people get started. Wander around the area to see if anyone needs help or has questions.
8. When the youth have completed placing their checks for the activities pictured on this form, spend some time creating a list of the other types of things you did in this program. Enter those activities on page 2 where it states "Other Activities". Children can now place appropriate check marks for those activities you've added to the list.
9. Ask them to check the appropriate boxes at the end of the survey as well.
10. Collect all the materials at the end. Be sure to check to make sure people have filled in all sections and pages, etc.
11. Take the completed surveys and attach the cover sheet to the front and place in large envelope included with these materials.

Please return to your supervisor or project coordinator.

Thanks!

POST-TEST

[on NRPA letterhead]

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(comparison group)	Administered by: _____

Site Specific Information: (as necessary)

Name of Site:

Name of Group:

Return in Envelope Provided to:

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Attn: Hearts N' Parks Y2K Project
22377 Belmont Ridge Road
Ashburn, Virginia 21048

Things I Learned and Did Last Summer Survey



Things I Learned and Did This Summer

What kinds of things have you been doing with parks and recreation this summer? For each of the activities pictured below, please put check marks (✓) to let us know if

- ◆ This is something NEW you LEARNED here at parks and recreation.
- ◆ This is an activity you GOT BETTER at during your time with parks and recreation.
- ◆ This is an activity you'd like to TRY AGAIN after your park and recreation time is over.

	Something New I Learned	I Got Better at This	Would like to Play Again
Active Games (tag, hopscotch, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball Playing (4Square, dodgeball, kickball, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercises (push-ups, sit-ups, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump Rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parachute Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hula Hoop Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frisbee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softball/Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Something New I Learned	I Got Better at This	Would like to Play Again
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karate/Judo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rollerskating/Blading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Activities: (not already listed here)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Information About You – please check the box that applies to you.

I am:

☐ Male ☐ Female

Age:

5 or under ☐
 6 to 7 ☐
 8 to 9 ☐
 10 to 11 ☐
 12 and over ☐

POST-TEST

Directions for Which Food is Better for Your Health? (for the person administering the assessment instruments)

This instrument should be completed as both a Pre- and Post-Test. The pre-test would happen at the **beginning** of the program segment and the post **at the end** of the child's participation in the program or program segment, i.e. end of 2 week camp program, etc.

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Please return to your supervisor or project coordinator.

Thanks!

POST-TEST

[on NRPA letterhead]

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Site Specific Information: (as necessary)

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Name of Group:

Return in Envelope Provided to:

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Attn: Hearts N' Parks Y2K Project
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Ashburn, Virginia 21048

POST-TEST

Insert pages here for the food picture survey:

Post-test

Which Food is Better for Your Health?

(Print survey pages from the PDF file on this website)

POST-TEST

Directions for What Would You Do?

(for the person administering the assessment instruments)

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POST-TEST

Insert pages here for the food picture survey:

Post-test

What Would You Do?

(Print survey pages from the PDF file on this website)

POST-TEST

Directions for What Foods Do You Eat Most of the Time? (for the person administering the assessment instruments)

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POST-TEST

Insert pages here for the food picture survey:

Post-test

What Foods Do You Eat Most of the Time?

(Print survey pages from the PDF file on this website)

Hearts 'n Parks-Outcomes Framework

_____ : Program

Program:

Project Site:

Project Contact Person:

Phone:

Fax:

Email:

Outcomes:

1.

2.

3.

4.

Other Outcomes: (based upon individual program)

Indicators:

1.

2.

3.

4.

Other Indicators: (based upon individual program)

Data Sources:

- 1.
- 2.
- 3.
- 4.

Data Sources: (based upon individual program)

Scheduling/Responsibilities

Pre-Test Dates:

Post-Test Dates:

Other Research Considerations:

In Search of Balance Creating A Schedule

Activities

Assessments

Illustration for Youth Programs

Week 1

Day 1: Getting Camp Started

Fit/Sit Checklist

Day 2: Selected Physical Activity

Which Food Is Better

Day 3:

What Would You Do

Day 4:

What Foods Do You Eat

Day 5:

Week 2

Day 1:

Day 2:

Which Food Is Better

Day 3:

What Would You Do

Day 4:

What Foods Do You Eat

Day 5:

Fit/Sit Checklist

Illustration for Seniors/Adults

Session 1

Short Form Health Survey

Session 2

Impt. of Dietary Guidelines

Session 3

Cause of High Blood Pressure

Session 4

Food and Eating Habits

Session 5

Action for High Cholesterol

Sessions 6 - XX

Session ____

Impt. of Dietary Guidelines

Session ____

Cause of High Blood Pressure

Session ____

Food and Eating Habits

Session ____

Action for High Cholesterol

Last Session

Short Form Health Survey and
Self-Report

Schedule Worksheet

Two Week Program

Activities

Assessments

Week 1

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Week 2

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Multiple Sessions

Session 1

Session 2

Session 3

Session 4

Session 5

Sessions 6 - XX

Session ____

Session ____

Session ____

Session ____

Last Session

Wrapping It UP

Things I Need To Do: (between now and the time the first program/assessments hit the street)

Action/Activity	By When	Who	How

Questions I Have: (any and all BIG or smallish Questions or Concerns)

Letterman's Top 10 List (if I was explaining research-related rules to others, I would be sure to tell them.....)

Outcomes Checklist

Don't Leave Home (or Today's Session) Without It.....

Program Issues/Considerations

- _____ Have information or materials from NHLBI to move forward with information about heart healthy behaviors
- _____ Have a clear idea as to how to use and integrate this information and activities into your program

Measurement Considerations

- _____ Have identified outcomes
- _____ Have identified indicators
- _____ Have identified data sources
- _____ Understand data collection procedures

Things I Don't Understand

- _____ I understand everything I need to understand about this project
- _____ There are still some things I don't understand but I've forwarded my questions on to _____

Materials Needed

- _____ I have completed the measurement information order form so NHLBI can send me copies of the instruments and surveys I need to measure outcomes
- _____ I have requested additional program materials from NHLBI that I need for these program initiatives.

****There are NO dumb questions or concerns**
PLEASE ask or make comments NOW**